

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed

14

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

Ms.

FIRST

Antionette

R.

NICKNAME

"Toni"

LAST

Moorhouse

SUFFIX

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

4126 Valleyfield
S. A., TX 78222

☐ Change of Address

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210) 333-6779

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

Ms.

FIRST

Lynda

MI

NICKNAME

Billa-Burke

SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

4414 Pecan Grove - S. A., TX 78222

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210) 337-2575

9 REPORT TYPE

☒ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☒ Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year

07/01/03

THROUGH

Month Day Year

12/31/03

11 ELECTION

ELECTION DATE

Month Day Year

05/27/03

ELECTION TYPE

☐ Primary

☐ Runoff

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure --

Name

Address / PO Box; Apt / Suite #; City State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

2004 JAN 15 AM 10:15
Antionette "Toni" Moorhouse

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ - 0

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2250

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 574

4. TOTAL POLITICAL EXPENDITURES

\$ 2732

CONTRIBUTION
BALANCE

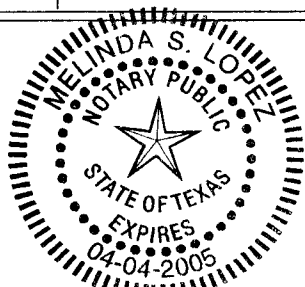
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 59⁵⁰OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 1295

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Antionette Moorhouse
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Antionette "Toni" Moorhouse, this the 15th day of January, 2004, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A

2 FILER NAME

Antionette "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

08/08/03

Dr. Red

5 Full name of contributor

☐ out-of-state PAC (ID#)

George Block, Jr.

6 Contributor address; City; State; Zip Code

2402 Bentrus - SAT 78228

7 Amount of contribution (\$)

100⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

08/14/03

Dr. Red

Full name of contributor

☐ out-of-state PAC (ID#)

Caryn M. Hasslocher

Contributor address; City; State; Zip Code

1823 Lawndale - SAT 78209

Amount of contribution (\$)

150⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/02/03

Dr. Red

Full name of contributor

☐ out-of-state PAC (ID#)

Fulbright & Saworski - Tx. Comm.

Contributor address; City; State; Zip Code

1301 McKinney - Hous., Tx. 77010

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/21/03

Dr. Red

Full name of contributor

☐ out-of-state PAC (ID#)

Teamsters - DRIVE Committee

Contributor address; City; State; Zip Code

25 Louisiana Ave. NW
Wash, D.C. 20001

Amount of contribution (\$)

1500⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Tot. \$ 2250⁰⁰

LOANS**SCHEDULE E**

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

2004 JAN 15 AM 10:15

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1 of 1

2 FILER NAME

Antionette "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

7 Name of lender

☐ out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

☐ none

15 GUARANTOR INFORMATION

16 Name of guarantor

18 Amount Guaranteed (\$)

☐ not applicable

17 Guarantor address; City; State; Zip Code

19 Principal Occupation

20 Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2004 JAN 15 AM 10:15

1 Total pages Schedule F

1 of 6

2 FILER NAME

Antionette "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/18/03

5 Payee name

Vorizon

7 Amount (\$)

194.69

6 Payee address; City; State; Zip Code

Rector Dr. - S.A., Tx 78216

8 Purpose of payment (See instructions regarding type of information required.)

Cell Phone Serv.

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

7/21/03

Payee name

Walgreens

Amount (\$)

57.53

Payee address; City; State; Zip Code

E. Southcross - SAT 78223

Purpose of payment (See instructions regarding type of information required.)

School Supplies - D3 Schools

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

7/25/03

Payee name

Walgreens

Amount (\$)

39.94

Payee address; City; State; Zip Code

E. Southcross - SAT 78223

Purpose of payment (See instructions regarding type of information required.)

School Supplies - D3 Schools

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

7/31/03

Payee name

Target

Amount (\$)

57.42

Payee address; City; State; Zip Code

281 North - SAT 78216

Purpose of payment (See instructions regarding type of information required.)

School Supplies - D3 Schools

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

349.46

POLITICAL EXPENDITURES

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SCHEDULE F

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2004 JAN 15 AM 10:15

1 Total pages Schedule F:

2 of 6

2 FILER NAME

Antionette "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/21/03

5 Payee name

Big Lots

6 Payee address; City; State; Zip Code

Goliad + Pecan Valley - SAT 78223

7 Amount (\$)

48.06

8 Purpose of payment (See instructions regarding type of information required.)

Items for Hall High Cul
various things, etc.

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

7/26/03

Payee name

Family Dollar

Payee address; City; State; Zip Code

Goliad Rd. - SAT 78223

Amount (\$)

34.66

Purpose of payment (See instructions regarding type of information required.)

Gift Basket Items for
SCOOP Fundraiser

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

8/01/03

Payee name

H.E.B.

Payee address; City; State; Zip Code

Fair Ave. + New Braun. - SAT 78223

Amount (\$)

30.98

Purpose of payment (See instructions regarding type of information required.)

SCOOP Fundraiser Items

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

8/09/03

Payee name

Big Lots

Payee address; City; State; Zip Code

Goliad Rd. + Pecan Valley - SAT 78223

Amount (\$)

18.50

Purpose of payment (See instructions regarding type of information required.)

Items for SCOOP Fundraiser

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3 of 6

2 FILER NAME

Antoinette "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/29/03

5 Payee name

~~Big Lots~~ Walgreens

7

Amount (\$)

43.45

6 Payee address; City; State; Zip Code

E. Southcross - SAT 78223

8 Purpose of payment (See instructions regarding type of information required.)

Items for
SCOOP Fundraiser @ Holy Name

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

09/01/03

Payee name

Mini Food Mart

Amount (\$)

6.19

Payee address; City; State; Zip Code

E. Southcross - SAT 78222

Purpose of payment (See instructions regarding type of information required.)

St. P.J's Labor Day
Cook Out Items

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

09/02/03

Payee name

Space Savers

Amount (\$)

160.00

Payee address; City; State; Zip Code

Goliad Rd. - SAT 78222

Purpose of payment (See instructions regarding type of information required.)

Storage Fees

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

9/12/03

Payee name

Spring Garden

Amount (\$)

300.00

Payee address; City; State; Zip Code

Brooklyn St. - SAT 78205

Purpose of payment (See instructions regarding type of information required.)

Floral Arrangements - Constituent

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

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SCHEDULE F

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1 Total pages Schedule F:

4 of 6

2 FILER NAME

Antoinette "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/29/03

5 Payee name

PCP Mailing

6 Payee address; City; State; Zip Code

10711 Hillpoint Dr. - SAT 78217

7

Amount
(\$)

682.47

8 Purpose of payment (See instructions regarding type of information required.)

Mailbox

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

9/29/03

Payee name

S.W. Bell

Payee address; City; State; Zip Code

Houston, Tx

Amount
(\$)

480.97

Purpose of payment (See instructions regarding type of information required.)

Hdq. Ph. Lines Funeral Bell

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

10/07/03

Payee name

AFL-CIO

Payee address; City; State; Zip Code

Jro. St. Marys - S.A., Tx.

Amount
(\$)

135.00

Purpose of payment (See instructions regarding type of information required.)

Directory Adv.

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

8/29/03

Payee name

Big Lots

Payee address; City; State; Zip Code

Goliad Rd. - S.A., Tx.

Amount
(\$)

42.67

Purpose of payment (See instructions regarding type of information required.)

St. P.J.'s Labor Day Cookout & Childrens Gift Bags

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2004 JAN 15 AM 10:15

1 Total pages Schedule F:
5 of 6

2 FILER NAME

Antionette "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/29 +
8/30/03

5 Payee name

Wal Mart

6 Payee address; City; State; Zip Code

Rigsby + 410 - SAT 78222

7 Amount (\$)

96.83

8 Purpose of payment (See instructions regarding type of information required.)

8/29 = 73.26 8/30 = 23.57
St. PJ's Cook Out Supp + Gift
Bag Items for Children

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

8/29/03

Payee name

Walgreens

Payee address; City; State; Zip Code

Goliad Rd. + Southcross - SAT 78223

Amount (\$)

88.26

Purpose of payment (See instructions regarding type of information required.)

St. PJ's Cook Out Gift
Bag Items

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

9/4 and
11/18/03

Payee name

Big Lots

Payee address; City; State; Zip Code

Goliad Rd. + Pecan Valley - SAT 78223

Amount (\$)

50.23

Purpose of payment (See instructions regarding type of information required.)

9/4 = 20.15 11/18 = 30.08
Nutrition Centers Gift Bags for
Thanking and Christmas

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

10/03 and
11/18/03

Payee name

Walgreens

Payee address; City; State; Zip Code

Goliad Rd. + Southcross - SAT 78223

Amount (\$)

59.72

Purpose of payment (See instructions regarding type of information required.)

10/03 = 23.73 11/18 = 35.99
Nutrition Centers Gift Bags for
Thanking + Christmas

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

2004 JAN 15 AM 10:16

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F

6 of 6

2 FILER NAME

Antoinette "Toni" Manhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/31/03

5 Payee name

B.S.A. to Sister Odilia

6 Payee address; City; State; Zip Code

Mission Rd. - SAT 78210

7 Amount (\$)

\$ 50.00

8 Purpose of payment (See instructions regarding type of information required.)

Children's Halloween Party

9

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

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CITY OF SAN ANTONIO
CITY CLERK

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

2006 JAN 15 AM 10:16

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 1

2 FILER NAME

Antoinette "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

8 Amount (\$)

6 Payee address; City; State; Zip Code

7 Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

2004 JAN 15 AM 10:16

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H: 1

2 FILER NAME

Antoinette "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount
(\$)

6 Business address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

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CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE K

2004 JAN 15 AM 10:16

1 Total pages Schedule K:

3 ACCOUNT # (Ethics Commission filers)

NAME Antonielle "Toni" Marshouse

4	Date	5 Payor name 6 Payor address; City; State; Zip Code 7 Reason for credit	8 Amount (\$)
	Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
	Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
	Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
	Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED